374103

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549





### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE RI	ECEIVED					

Name of Offering (check if this is an Direct Invest-2 & 3 University, L.	amendment and name has changed, and LC-Tenant in Common Interests	indicate change.)
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 505 [X] Rule 506	[] Section 4(6) [] ULOE
Type of Filing: [X] New Filing [	Amendment	PROCESSED
	A. BASIC IDENTIFICATION DATA	SFP 0 7 2003
1. Enter the information requested	about the issuer	L THOMSON
Name of Issuer (check if this is an amen Direct Invest-2 & 3 University, L.	dment and name has changed, and indicate change.	) FINATOIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) 211 Congress Street, 8 <sup>th</sup> Floor Bo	oston, Massachusetts 02110	Telephone Number (Incl. Area Code) (866) 678-1031
Address of Principal Business Oper (Number and Street, City, State, Zip Code) (If different from Executive Offices)	rations	Telephone Number (Incl. Area Code)
Brief Description of Business Real Estate Investment & Manag	ement	
Type of Business Organization [ ] corporation [ ] business trust [		[X ] other (please specify): Limited Liability Company
Actual or Estimated Date of Incorpo	Month Year ration or Organization: [06][06] [x]A	ctual [] Estimated
Jurisdiction of Incorporation or Orga	anization: <u>DE</u> (Enter two-letter U.S. Postal Serv. (CN for Canada; FN for foreign jurisdicti	

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#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee!

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: []                                              | Promo   | oter | [] | Beneficial<br>Owner | [x] | Executive<br>Officer | [] | Director | [] | General and/or<br>Managing Partner |
|---------------------------------------------------------------------------|---------|------|----|---------------------|-----|----------------------|----|----------|----|------------------------------------|
| Full Name (Last name first, if indiv<br>Previdi, Richard                  | idual)  |      |    |                     |     |                      |    |          |    |                                    |
| Business or Residence Addre<br>211 Congress Street, 8 <sup>th</sup> Floor |         |      |    | •                   |     |                      | ·  |          |    |                                    |
| Check Box(es) that Apply:[]                                               | Promo   | oter | [] | Beneficial<br>Owner | [x] | Executive<br>Officer | [] | Director | [] | General and/or<br>Managing Partner |
| Full Name (Last name first, if indiv Rand, Bill                           | ridual) |      |    |                     |     |                      |    |          |    |                                    |
| Business or Residence Addre<br>211 Congress Street, 8 <sup>th</sup> Floo  |         |      |    |                     |     |                      |    |          |    |                                    |
| Check Box(es) that Apply:[]                                               | Promo   | oter | [] | Beneficial<br>Owner | [x] | Executive<br>Officer | [] | Director | [] | General and/or<br>Managing Partner |
| Full Name (Last name first, if indiv                                      | ridual) |      |    |                     |     |                      |    |          |    |                                    |
| Business or Residence Addre<br>211 Congress Street, 8 <sup>th</sup> Floo  |         |      |    | •                   |     |                      |    |          |    |                                    |
| Check Box(es) that Apply: []                                              | Promo   | oter | [] | Beneficial<br>Owner | [x] | Executive<br>Officer | [] | Director | [] | General and/or<br>Managing Partner |
| Full Name (Last name first, if indiv                                      | ridual) |      |    |                     |     |                      |    |          |    |                                    |
| Business or Residence Addre<br>211 Congress Street, 8 <sup>th</sup> Floo  |         |      |    | •                   |     |                      |    |          |    |                                    |

|                | B. INFORMATION ABOUT OFFERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                              |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1.             | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes<br>[]                    | No [X]                       |
|                | Answer also in Appendix, Column 2, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                              |
| 2.             | What is the minimum investment that will be accepted from any individual?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                           | 639,500                      |
| 3.             | Does the offering permit joint ownership of a single unit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes<br>[X]                   | No [ ]                       |
| 4.             | Enter the information requested for each person who has been or will be paid or given, indirectly, any commission or similar remuneration for solicitation of purchasers in connection of securities in the offering. If a person to be listed is an associated person or age or dealer registered with the SEC and/or with a state or states, list the name of the brokemore than five (5) persons to be listed are associated persons of such a broker or dealer forth the information for that broker or dealer only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ection<br>nt of a<br>er or c | with<br>broker<br>dealer. If |
|                | ull Name (Last name first, if individual) (itzler, Gary Thomas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              |                              |
|                | usiness or Residence Address (Number and Street, City, State, Zip Code) 19 Griswold Street, Suite 1700, Detroit, MI 48226                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                              |
|                | ame of Associated Broker or Dealer  & R Block Financial Advisors, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                              |
| (C<br>[]<br>[] | tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers  Check "All States" or check individual states) [] All States   AL [] AK [] AZ [] AR [X] CA [] CO [] CT [] DE [] DC [] FL [] GA [] HIL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MI [] MF [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] OH [] SC [] SD [] TN [] TX [] UT [] VA [] WA [] WV [] WI | []<br>S []                   |                              |
|                | ull Name (Last name first, if individual)<br>Valsh, James Matthew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                              |
| Bu 13          | usiness or Residence Address (Number and Street, City, State, Zip Code) 333 2 <sup>nd</sup> Street, Suite 600, Santa Monica, CA 90401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                              |
|                | ame of Associated Broker or Dealer<br>Pirect Capital Securities, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                              |
| (C             | tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers  Check "All States" or check individual states)  [] All States All  | l []<br>S []                 | ID<br>MO<br>PA<br>PR         |

| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual states)  [] All States  [] AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] HI [] ID  [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MS [] MO  [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] OR [] PA  [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] WY [] PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual states)  [] All States  [] IL [] IN [] IA [] IN [] IN [] IND [ |
| Full Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual states)  [] All States  [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MS [] MO  [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] OR [] PA  [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] WY [] PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price sold. Enter "0" if answer is "none"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                             |                           |
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| and indicate in the columns below texchanged.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                             |                           |
| Type of Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Aggregate<br>Offering Price | Amount Already<br>Sold    |
| Debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | <del>-</del>                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | \$                          | \$                        |
| Equity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | \$                          | \$                        |
| [ ] Common                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 -                            | •                           |                           |
| Convertible Securities (including w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | \$                          | \$                        |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | \$                          |                           |
| Other (Specify: Tenancy in Commo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                              | \$22,380,000                |                           |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | \$ <u>22,380,000</u>        | \$ <u>1,185,638</u>       |
| Answer als                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | so in Appendix, Column 3, it   | f filing under ULOE.        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                              |                             |                           |
| o Estado de la contra dela contra de la contra dela contra de la contra dela contra de la contra dela contra del | ilian in any see the           |                             | 1 202 2 01.2              |
| 2. Enter the number of accredited offering and the aggregate dollar at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                             |                           |
| number of persons who have purch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                             |                           |
| the total lines. Enter "0" if answer i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s "none" or "zero."            | gregate donar amoun         | tor their parenases on    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                              | Number of                   | Aggregate Dollar          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | Investors                   | Amount of Purchases       |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | !                              | 2                           | \$ <u>1,185,638</u>       |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                             |                           |
| Total (for filings under Rule 504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4 only)                        |                             | \$                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | so in Appendix, Column 4, i    |                             |                           |
| 711011011 010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | o in Appondix, Cordinir 1, 1   | i illing under ozoz.        |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                             |                           |
| 3. If this filing is for an offering und                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                             |                           |
| sold by the issuer, to date, in offering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ngs of the types indicated, t  | he twelve (12) months       | s prior to the first sale |
| of securities in this offering. Classi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ty securities by type listed i | n Part C-Question 1.        | Dallan Amazunt            |
| Type of Offering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Type of Security            | Dollar Amount<br>Sold     |
| Rule 505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                             | \$                        |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                             | Φ.                        |
| Rule 504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                             | \$                        |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                             |                           |
| ı Ulai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                             | \$                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                             |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                             |                           |

| 4. a. Furnish a statement of all expenses in connectio in this offering. Exclude amounts relating solely to org may be given as subject to future contingencies. If the estimate and check the box to the left of the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anization expenses of t                                                  | he iss            | uer. The information                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|--------------------------------------------|
| Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | []                | \$                                         |
| Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | []                | \$                                         |
| Legal Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          | [x]               | \$75,000                                   |
| Accounting Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | []                | \$                                         |
| Engineering Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | []                | \$                                         |
| Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | [x]               | \$ <u>1,566,600</u>                        |
| Other Expenses (identify) Marketing & Due Diligence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Expenses                                                                 | [x]               | \$ 447,600                                 |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | [x]               | \$ 2,089,200                               |
| b. Enter the difference between the aggregate offering Part C — Question 1 and total expenses furnished in r Question 4.a. This difference is the "adjusted gross processing to the control of the contro | esponse to Part C —                                                      | e to              | \$ <u>20,290,800</u>                       |
| 5. Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | purpose is not known,<br>he payments listed mus<br>— Question 4.b above. | furnisl<br>t equa | n an estimate and<br>al the adjusted gross |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Payments to Office Directors, & Affiliate                                |                   | Payments To<br>Others                      |
| Salaries and fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [x] \$ <u>2,729,560</u>                                                  | . []              | \$                                         |
| Purchase of real estate (including Loan Fees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [] \$                                                                    | [x]               | \$ <u>16,928,418</u>                       |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | [] \$                                                                    | . []              | \$                                         |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | []\$                                                                     | . []              | \$                                         |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r 1 ¢                                                                    | <b>.</b> 1        | ı <b>c</b>                                 |
| pursuant to a merger)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | []\$                                                                     |                   |                                            |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | []\$                                                                     |                   |                                            |
| Working capital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | []\$                                                                     | . []              | \$                                         |
| Other (specify): Reserves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | [] \$                                                                    | [x]               | \$ 341,820                                 |
| Closing Costs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [] \$                                                                    | [x]               | \$ <u>291,002</u>                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | []\$                                                                     | . []              | \$                                         |
| Column Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | [x] \$ <u>2,729,560</u>                                                  | [x]               | \$ <u>17,561,240</u>                       |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | [x] \$ <u>20</u>                                                         | ),290,8           | 300                                        |

#### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type)              | Signature Date                  |     |
|-------------------------------------|---------------------------------|-----|
| Direct Invest-2 & 3 University, LLC | ROUGH A. TOPE 8/14              | H04 |
| Name of Signer (Print or Type)      | Title of Signer (Print or Type) |     |
| Robert A. Licht                     | Authorized Signatory            |     |

# ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| * - V-very cases                         | E. STATE SIGNATURE                     |              |    |
|------------------------------------------|----------------------------------------|--------------|----|
| 1. Is any party described in 17 CFR 2    | 30.262 presently subject to any of the | Yes          | No |
| disqualification provisions of such rule | [ ]                                    | [ <b>x</b> ] |    |
| See App                                  | pendix, Column 5, for state response.  |              |    |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Direct Invest-2 & 3 University, LLC | Signature  What a . Tiple                            | , Date<br>81414 |
|------------------------------------------------------------|------------------------------------------------------|-----------------|
| Name of Signer (Print or Type) Robert A. Licht             | Title of Signer (Print or Type) Authorized Signatory |                 |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX**

| 1     | Intend to<br>non-acc<br>invest<br>Sta<br>(Part B | o sell to<br>credited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                              |         |     |    |
|-------|--------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|----------------------------------------------|---------|-----|----|
| STATE | YES                                              | NO                              |                                                                                | NUMBER OF<br>ACCREDITED<br>INVESTORS | AMOUNT                                                             | NUMBER OF<br>NON-<br>ACCREDITED<br>INVESTORS | AMOUNT  | YES | NO |
| AL    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| AK    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| AZ    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| AR    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| CA    |                                                  | X                               | Tenants-In-Common<br>Interest/ \$22,380,000                                    | 2                                    | \$1,185,638                                                        | 0                                            | 0       |     | Х  |
| СО    |                                                  |                                 | !                                                                              |                                      |                                                                    |                                              |         |     |    |
| СТ    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| DE    |                                                  |                                 | !<br>!                                                                         |                                      |                                                                    |                                              |         |     |    |
| DC    |                                                  |                                 | :                                                                              |                                      |                                                                    |                                              |         |     |    |
| FL    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| GA    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| НІ    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| ID    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              | ····    |     |    |
| IL    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| IN    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| IA    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| KS    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| KY    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| LA    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| ME    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| MD    |                                                  |                                 | :                                                                              |                                      |                                                                    |                                              | <u></u> |     |    |
| MA    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| МІ    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         | -   |    |
| MN    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| MS    |                                                  |                                 | !                                                                              |                                      | _                                                                  |                                              |         |     |    |
| МО    |                                                  |                                 |                                                                                |                                      |                                                                    |                                              |         |     |    |
| MT    |                                                  | <u> </u>                        |                                                                                |                                      | ,                                                                  |                                              |         |     |    |

| 1     | 2                        | 2                                                   | 3                                                                              |                                      | 4                                                                              |                                              |        | Disqual | ification<br>State |  |  |
|-------|--------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|--------|---------|--------------------|--|--|
|       | non-acc<br>invest<br>Sta | o sell to<br>credited<br>tors in<br>ate<br>-ltem 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | e<br>Type of i                       | Type of investor and amount purchased in State (Part C-Item 2)  NUMBER OF NON- |                                              |        |         |                    |  |  |
| STATE | YES                      | NO                                                  |                                                                                | NUMBER OF<br>ACCREDITED<br>INVESTORS | AMOUNT                                                                         | NUMBER OF<br>NON-<br>ACCREDITED<br>INVESTORS | AMOUNT | YES     | NO                 |  |  |
| NE    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NV    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NH    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NJ    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NM    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NY    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| NC    |                          |                                                     | ,                                                                              |                                      |                                                                                |                                              | ·<br>  |         |                    |  |  |
| ND    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| ОН    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| ок    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| OR    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| РА    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| RI    |                          |                                                     | i<br>!                                                                         |                                      |                                                                                |                                              |        |         |                    |  |  |
| sc    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| SD    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| TN    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| TX    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| UT    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| VT    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| VA    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| WA    |                          |                                                     | !                                                                              |                                      |                                                                                |                                              |        |         |                    |  |  |
| wv    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| WI    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| WY    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |
| PR    |                          |                                                     |                                                                                |                                      |                                                                                |                                              |        |         |                    |  |  |